



Kidz

Hello,

Thank you for your interest in our daycare! We look forward to serving you and your family. Please take a look, fill out the forms attached, and return them with a non-refundable \$35 enrollment fee. Also, we would like to remind you that we serve each family on a first come first serve basis. Thank you and have a Blessed day!

Mrs. Jones (Director)

417-553-7100

contact@plckidz.com



Kidz

Enrollment/Transfer Checklist

- Enrollment Form
- First Week of Tuition and Enrollment Fee
- Immunizations
- Physical (30 days from date of enrollment)
 - Blanket (All Programs)
 - Bottle (0 – 12 months)
 - Sippy (12 months +)
 - Extra set of clothing
 - Formula
- Diapers, Wipes and/or Pull ups
 - Diaper Rash Cream
 - Baby Food
 - Baby Rice/Cereal
 - Pacifier (0 – 2 years)
- Any special food for dietary reasons



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
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E-MAIL ADDRESS

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
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E-MAIL ADDRESS

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.

IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

DAY CARE PROVIDER

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
------	------------------

ACKNOWLEDGEMENTS		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

**HEALTH REPORT FOR SCHOOL-AGE CHILD
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.



PLC KIDZ CHILDCARE FEE POLICY & FINANCIAL AGREEMENT

The following agreement is made between PLC Kidz,

And Parent _____

Home phone _____

Work phone _____

Home address _____

And Parent _____

Home phone _____

Work phone _____

Home address _____

Please check below the appropriate plan of payment, sign and return to PLC KIDZ.

I will pay PLC Kidz Childcare:

___ Weekly (payments are due Monday of each week for that week and must be paid no later than Friday of each week if the child is to be eligible to return to PLC Kidz Childcare the following Monday.)

___ Bi-Monthly (IN ADVANCE, due the first Monday of the 2 weeks.)

___ Monthly (IN ADVANCE, due on the 1st.) (Some months have 5 Mondays.)

For the care of: Child's name / date(s) of birth

_____/_____

_____/_____

_____/_____

Hours of Operations

PLC Kidz is open Monday through Friday from 6:00a.m. To 6:00p.m. The center is closed for the following holidays:

New Year's Day(2 Days)

Independence Day (1-2 Days)

Thanksgiving (2 Days)

Memorial Day

Labor Day

Christmas (2 Days)

Care will normally begin and end on the following:

Mon. _____

Tue. _____

Wed. _____

Thur. _____

Fri. _____

1. The charge, per child is computed as follows,

*Full Time is 4-5 days a week.

Ages 0-12 Month: \$220 Week, PT \$50 Day or \$10/hour.

* Part Time is 1-3 days a week.

Ages 12-24 Month: \$200 Week, PT \$50 Day or \$10/hour.

Ages 2 -3: \$150 Week

Ages 3-12: Must be Fully potty trained: \$135 Week

PT \$40 Day or \$10/hour.

After School ages 5-12: \$60 Week, \$15 Day. (3 hr. Maximum for this price)

Based on your scheduled days of care, your fee will be

\$ _____ per week Initial. _____

2. RETURNED CHECKS/INSUFFICIENT FUNDS

All returned checks or direct debit payments rejected due to insufficient funds will be charged a \$35.00 penalty fee. All Payments are due on Monday before care. If a payment has not been paid by Wednesday of the same week, your child cannot return to care. A late fee of \$15 will be charged for payment not received by the Wednesday of the same week's care. Missed payments and late fees must be paid within two weeks. Repeated incidents of returned checks or insufficient funds notices could result in termination from the program. A payment plan should be discussed with Director and/or Assistant Director if having trouble making payments.

3. Payment obligation is based on the hours you agree to use child care, not on actual hours of attendance. Payment is due if you have agreed to use blocks of time whether the child actually attends during those hours. This will include the child's holidays and sick days that fall on regularly scheduled days of care. We are not obligated to refund any amount that is paid to us for childcare.

- Absences: **Childcare fees are based on enrollment, not attendance.** Therefore, to maintain your child's spot in the classroom, fees must be paid during the absence of the child due to illness, holidays, vacations, school closings, or for any other reason.

4.If you are participating in a subsidized child care payment program and/or Tribal Pay, by signing this agreement, you are financially responsible for all fees incurred by you if for any reason I do not receive payment and I expect payment within the month after service.

5.. In the event this account becomes delinquent, you agree to pay any and all costs of collection, including attorney fees and court costs plus interest of the unpaid balance of this account at the rate of 1.5% per month (18%) annual rate.

6. Thirty Days written notice or thirty days pay is required before removing your child/children from child care.

7. Each full-time child (full time defined as a child who comes to PLC Kidz Childcare year-round) is allowed 2 weeks of vacation per year, to be used consecutively. During that time, your regular weekly tuition will still need to be paid to reserve your spot.

8. PLC Kidz reserves the right to terminate this agreement with no notice for violations of child care rules and policies listed in the parent handbook.

9. Parents will be charged **\$5.00 for the first 10 minutes** a child is present after 6:00p.m., then a \$1.00 per minute after the first 10 minutes. You will receive a electronic notice from the Director and/or the Assistant Director stating the amount of the late pick-up fee.

10. Additional Charges

- Additional charges may occur for special events and field trips. You will be notified in advance for these occasions. Payment for all special events will be due one-week prior to the day of the event. If the event entails leaving the childcare and school premises and you choose to NOT participate, you will need to find alternative arrangements for your child's care for the day of the event.

11. A non-refundable \$35 enrollment fee will be charged for each family or child upon enrollment.

12. If you exceed 10 hours in one day, we will charge \$10/hour for any hourly overages.

I agree to enroll my child/children in PLC KIDZ beginning on _____. I agree to the terms described in the payment agreement above. The provider may amend this agreement by giving the parent(s) a copy of the new or changed agreement at least 2 weeks before they go into effect.

Mother/legal guardian's signature: _____ Date _____

Father/legal guardian's signature: _____ Date _____

If the parent is under 18 yrs. of age, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.

Co-Signers signature _____ Date _____

Accepted by Caregiver _____ Date _____

This agreement will be placed on file in the PLC Kidz Childcare office.



Handbook & Permissions Agreement Form

Please sign and return this page

CHILD'S NAME(s) _____

I give permission to photograph my child. Yes _____ No _____

I give permission for my child's photograph to be used for social media and/or PLC Kidz Marketing purposes. Yes _____ No _____

PERMISSION TO ADMINISTER (NON-RX) I hereby authorize staff at PLC KIDZ Childcare to use the following products on my child according to manufacturer or physician's written instructions. I understand that this form is valid for the entire time my child is in the care of this provider. I understand it is my responsibility to contact my provider for a new form should I wish to change this information.

Except for ipecac syrup PARENTS MUST PROVIDE THESE ITEMS if needed, labeled with your child's name and instructions for use.

Diaper Wipes YES _____ NO _____ (If 24 months and younger, this will be provided to your child.)

Diapering Ointments YES _____ NO _____

First Aid Ointments YES _____ NO _____

Baby Lotion YES _____ NO _____

Ipecac Syrup (if instructed by poison control) YES _____ NO _____

Other _____

I _____ have read and received a copy of the Parent handbook of the Pentecostal Life Center Kidz Childcare, and agree to abide by the rules and policies. All policies shall remain in effect as stated herein unless provider gives notice of change of any said policy in writing. Failure to enforce any rule or provision in this handbook does not invalidate that provision, term, or any other provision or term in this handbook. I agree to the previously stated permissions on this form and understand I cannot hold PLC KIDZ Childcare liable for any item I agree or did not agree to.

Parent signature: _____ Date _____

Parent signature: _____ Date _____

Co-signer (if parent is under 18): _____ Date _____



Missouri Department of Health and Senior Services
 Section for Child Care Regulation and Child and Adult Care Food Program
INFANT AND TODDLER FEEDING AND CARE PLAN

THIS SECTION TO BE COMPLETED BY CHILD CARE FACILITY:

The formula provided by this child care facility is: _____.

(Check a box) Yes No This child care facility **is participating** in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

Instructions to Parents – Please complete for child who is less than 24 months of age. Update information as needed. Use a new form or initial/date changes on this form.

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
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Feeding Information

Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply: Parent Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

Yes Explain: _____
 No

Does your child use a pacifier? Yes No

Note: Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

Infant Feeding Preference (under 12 months)

Mark your preference (check all that apply).

- I will provide breast milk for my infant.
- I will nurse my infant at the center at these times: _____

The facility's formula may be used to supplement feedings if necessary: Yes No

If breast milk is unavailable for a feeding, the facility should: _____

- I request that the formula provided by the child care facility be served to my infant.
- I will provide infant formula for my infant. Name of formula: _____
- I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**
- I will provide solid foods for my infant.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

Toddler Feeding Preference (12 through 23 months)			
Check all that apply: <input type="checkbox"/> Spoon <input type="checkbox"/> Cup <input type="checkbox"/> Feeds Self <input type="checkbox"/> Feeding Table or Chair			
Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Milk			
Table Food			
Arrangements for Sleep – Licensing rules require that infants be placed on their back to sleep.			
Time(s) Child Usually Naps		Length of Nap	
Additional Instructions Related to Sleeping:			
<p>Note: When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.</p>			
<input type="checkbox"/> My child is 12 months or older, and I give my permission for my child to sleep on a cot.			
Signature of Parent/Legal Guardian		Date	
Diapering Instructions			
List any lotions and/or ointments, etc. that you have provided and give permission for caregivers to use on your child. _____ For <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Rash <input type="checkbox"/> Other			
<input type="checkbox"/> I do not want caregivers to use any lotions, powders, ointments or similar items on my child.			
I will furnish the following baby supplies for my child; clearly labeled with my child's name:			
Special Instructions for Care (e.g., restrictions, allergies, etc.):			
Signature of Parent/Legal Guardian		Date	



Parent Emergency Procedure Instruction Form

PLC KIDZ Staff: In Case of an emergency please follow these written instructions.

Name of Child: _____

Written

Instructions: _____

If there is an incident that does not require medical attention, how would you like to be notified?

Text Message _____

Phone Call _____

Phone Call and Text Message _____

I understand that I have given written instructions for my child's emergency procedure. I give PLC Kidz Childcare and Preschool permission to follow instructions as such.

X _____ Parent/Guardian Signature

Date : _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE
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PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)
	TELEPHONE NUMBER